

ST. LAWRENCE NYSARC
Corporate Compliance Program

Section 14



DETECTING & RESPONDING TO COMPLIANCE VIOLATIONS; VOLUNTARY DISCLOSURE

I. POLICY- St. Lawrence NYSARC will respond appropriately to violations of law, regulations and the St. Lawrence NYSARC Corporate Compliance Plan to protect St. Lawrence NYSARC and to continue to improve upon St. Lawrence NYSARC's reputation as a reliable and trustworthy organization.

II. SCOPE- This policy shall apply to actions taken in response to identification of violations of applicable law, regulations and the St. Lawrence NYSARC Corporate Compliance Plan.

III. PROCEDURE

A) Identification of a Violation

- If the Corporate Compliance Officer, the Compliance Committee or management confirms that a violation of the Corporate Compliance Plan or an applicable state or federal law or regulation has taken place, then that person shall discuss the violation with the Executive Director and Counsel (as appropriate) to determine the proper response to the violation. Violations may be identified through various avenues, including but not limited to: voluntary disclosures by employees; calls to the Corporate Compliance Helpline; self-auditing and monitoring; outside investigations by consultants, government agencies or accrediting bodies; and any other means.
- The Corporate Compliance Officer shall coordinate the Agency's response to a violation by evaluating each violation and promptly implementing action consistent with the following:
 - ✓ Development and implementation of a Corrective Action Plan;
 - ✓ Prompt notification to the Corporate Compliance Committee of the violation;
 - ✓ Disclosure to state or federal regulatory agencies, if applicable, upon consultation and recommendations of Counsel.
 - ✓ Making restitution of any overpayments to the appropriate payer (e.g., a commercial health plan, a government payor or an individual or their family)

B) Development of a Corrective Action Plan

- The administrator shall provide input to the development of an appropriate Corrective Action Plan; however, final approval shall be made by the Corporate Compliance Officer, Corporate Compliance Committee, Executive Director or Board of Directors, depending on the scope and severity of the violation.
- Corrective Action Plans will be stated in measurable terms with progress monitored on a monthly or quarterly basis, as appropriate. The Corporate Compliance Officer is responsible for ensuring that the Corrective Action Plans are followed and that feedback is provided to the area or department manager on the plan progress.
- Elements that may be included in a Corrective Action Plan include, but are not limited to: disciplinary action against employees and independent contractors responsible; revising or developing policies and procedures in response, or training specific to the violation.

- The Corporate Compliance Officer will present progress reports on Corrective Action Plans to the Corporate Compliance Committee during their regularly scheduled meetings with a copy to the Board and the Executive Director. Upon request by the Board, the Corporate Compliance Committee or the Executive Director more frequent updates may be submitted.

C) Voluntary Disclosure of Violations

- The Corporate Compliance Officer, in consultation with the Executive Director will evaluate the violation to determine if a voluntary disclosure of the violation is appropriate. Notification of appropriate government officials, private payers or other entities in the event of a violation where voluntary disclosure of the violation may be appropriate. Notification shall be made within a reasonable period after discovering the violation and may include the restitution of monies paid by the applicable state or federal agency, payor or other entity.

D) Documentation of Corrective Action

- Documentation should reflect every effort by the Agency to comply with applicable statutes, regulations, and federal healthcare program requirements.

Board of Directors Approval Date: December 12, 2006

Effective Date: January 1, 2007

Revision Date

Attachment A-NYS Office of the Medicaid Inspector General Self-Disclosure Guidance